

As a below-named inventor, I hereby declare that:

is attached hereto

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Determination of pH Including Hemoglobin Correction, the specification of which (check one)

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I hereby state th	at I have re- ication, inclu	viewed and unders uding the claims as	tand the content	
	his applicati	sclose information on in accordance v		
any foreign appl PCT internations the United State checking the bos of any PCT inter application on w	ication(s) fo al application s of America x, any foreig national app hich priority		r's certificate, or l at least one co have also identi atent or inventor	'365(a) of any untry other than fied below, by 's certificate, or that of the
Prior Foreign Application Number(s)	Country	Foreign Filing date (MM/DD/YYY)	Priority not claimed	Certified copy attached? (YES/NO)
	1			

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below

provide approation(c) noted below:	
Provisional application filing number	Filing date
60/450,016	02/25/2003

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	·	Parent patent number (if applicable)

<u>POWER OF ATTORNEY</u>: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name	Registration number	
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Send Correspondence to:	Direct Telephone Calls To:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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